

# Cumberland County Employee Health Services

## New Pharmacy Patient Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Current Pharmacy: \_\_\_\_\_ Pharmacy Phone Number: \_\_\_\_\_

### Medications to be Transferred

1. \_\_\_\_\_ Doctor \_\_\_\_\_
2. \_\_\_\_\_ Doctor \_\_\_\_\_
3. \_\_\_\_\_ Doctor \_\_\_\_\_
4. \_\_\_\_\_ Doctor \_\_\_\_\_
5. \_\_\_\_\_ Doctor \_\_\_\_\_
6. \_\_\_\_\_ Doctor \_\_\_\_\_
7. \_\_\_\_\_ Doctor \_\_\_\_\_
8. \_\_\_\_\_ Doctor \_\_\_\_\_
9. \_\_\_\_\_ Doctor \_\_\_\_\_
10. \_\_\_\_\_ Doctor \_\_\_\_\_

Cumberland County Blue Cross Blue Shield:      Yes              No

Please be specific and note the location if you use a big chain pharmacy. Example (CVS Legion Rd, Walgreens Ramsey St, Wal-Mart Hope Mills, etc..)

**All employees**, with or without insurance other than the county plan, may use the pharmacy, but they must pay for the **cost** of the medication. The pharmacy will not file claims with other insurance companies.

You may drop this form off in person to the pharmacy. Do not mail or send through interoffice courier.

**You must bring in new written prescriptions.** NC Pharmacy law prohibits faxing new prescriptions unless it comes directly from a physician's office.